



FOR DEQ USE ONLY
Date/Time Received:

REFINED PETROLEUM FUND – TEMPORARY REIMBURSEMENT PROGRAM
TRANSFER OR ASSIGNMENT OF APPROVED PRE-CERTIFICATION FORM

Authority: Section 21560 of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended (Act 451).

INSTRUCTIONS: A person assigning or transferring an approved Temporary Reimbursement Program pre-certification shall notify the DEQ of the proposed assignment or transfer at least 10 days prior to the assignee's or transferee's submittal of work invoices for reimbursement. Submit the completed form to Remediation and Redevelopment Division, DEQ, P.O. Box 30426, Lansing, MI 48909-7926. For program details click on "Temporary Reimbursement Program" on the RRD homepage www.michigan.gov/deqrrd . **Questions Contact:** email rpf@michigan.gov or phone 517-373-9837.

FACILITY INFORMATION

FACILITY NAME:		RPF NO:	FACILITY ID :
STREET ADDRESS:	CITY:	ZIP:	COUNTY:

TRANSFEROR/ASSIGNOR

NAME of PERSON WITH APPROVED PRE-CERTIFICATION:			
STREET ADDRESS:	CITY:	STATE:	ZIP:
CONTACT PERSON:	PHONE NUMBER:	E-mail:	

TRANSFEE/ASSIGNEE

NAME OF PERSON TO WHOM THE APPROVED PRE-CERTIFICATION IS BEING ASSIGNED/TRANSFERRED:			
STREET ADDRESS:	CITY:	STATE:	ZIP:
CONTACT PERSON:	PHONE NUMBER:	E-mail:	

CERTIFICATIONS

We, the undersigned hereby attest, to the best of our knowledge and belief, that the information provided in this form and any attachments is true, accurate, and complete.

_____	_____	_____
Print Transferor/Assignor Name	Date	Transferor/Assignor Signature

_____	_____	_____
Print Transferee/Assignee Name	Date	Transferee/Assignee Signature

The foregoing instrument was acknowledged before me this _____ day of _____, _____
(month) (year)
by _____.

Notary Public

County, _____
(Insert County) (Insert State)

My Commission Expires: _____

The Michigan Department of Environmental Quality will not discriminate against any individual or group on the basis of race, color, religion, national origin or ancestry, age, sex, marital status, or handicap.